



Health Quality and Cost Council

Update on Health Enterprise Zones

December 6, 2013

The Honorable John A. Hurson
Chair, Maryland Community Health
Resources Commission

Mark Luckner
Executive Director, Maryland Community
Health Resources Commission

BACKGROUND OF CHRC



- Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state.
- The CHRC is a quasi-independent agency operating within the Maryland Department of Health and Mental Hygiene. Its 11 members are appointed by the Governor.
- Since its inception, the CHRC has awarded 122 grants totaling approximately \$30.9 million supporting programs in all 24 jurisdictions in Maryland. These programs have collectively served more than 420,000 Marylanders. Grantees have utilized CHRC grant funding to leverage \$10.1M in additional federal and private/non-profit resources.
- CHRC works closely with DHMH and has supported the following efforts:
 - Reduce infant mortality rates
 - Expand dental care access
 - Promote IT adoption
 - Support Local Health Improvement Coalitions
 - Increase behavioral health services
 - Award DDA infrastructure grants



THE MARYLAND HEALTH IMPROVEMENT AND DISPARITIES REDUCTION ACT



- SB 234 (Chapter 3 - 2012) establishes the framework for the creation of Health Enterprise Zones (HEZs) and provides \$4 million per year to support HEZs.
- The HEZ fund is administered by the Community Health Resources Commission (CHRC). Day-to-day program administration is executed by the CHRC and DHMH.
- The purposes of HEZs are to:
 - (1) Reduce health disparities;
 - (2) Expand access in underserved areas and improve health outcomes; and
 - (3) Reduce health costs and hospital admissions and readmissions in specific areas of the State.

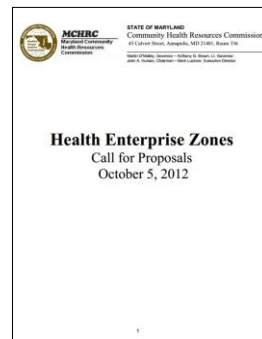


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CALL FOR PROPOSALS GENERATES 19 APPLICATIONS

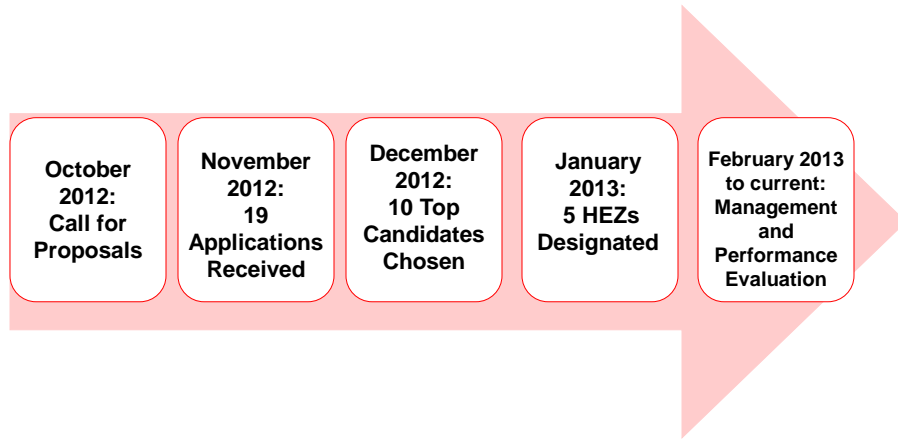


- The HEZ Call for Proposals was released by the CHRC in October 2012 and generated a total of 19 proposals from 17 jurisdictions of the state.
- The 19 HEZ proposals were evaluated by an independent Review Committee comprised of experts in the fields of public health, health disparities, and health care finance.
- Proposals were received from hospital systems, local health departments, outpatient MH providers, and community-based organizations.



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KEY STEPS TO IMPLEMENTING HEZ INITIATIVE



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FIRST FIVE HEZ DESIGNATIONS



- The DHMH Secretary designated the first five Health Enterprise Zones in January 2013, which includes three hospital systems and two local health departments. Two Zones are rural, two are suburban, and one is urban.
 - These five designations involved a total funding commitment of \$3.85 million in the first year of the program.
1. Anne Arundel Health System - Morris Blum (Annapolis)
 2. Dorchester-Caroline County Health Departments, "Competent Care Connections"
 3. Prince George's Health Department - Capitol Heights
 4. St. Mary's Hospital, "Greater Lexington Park"
 5. West Baltimore Primary Care Access Collaborative



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PROGRAM SUMMARY TO DATE

- The five Zones began program implementation this past April. Each Zone is now providing health care and other support services.
- Across all five Zones, a total of 8 care delivery sites have been opened or expanded capacity.
- A total of 74 jobs (direct and indirect) have been created.
- Of this total, 42 new HEZ practitioners have been hired since the beginning of the program. ("HEZ practitioner" = licensed health care provider who provides primary care, behavioral health, or dental services in the Zone.)
- The year one recruitment goal for new HEZ practitioners is 34; 3 of the 5 Zones have met or exceeded their year one goal.
- The state is working with the Zones to collect/report patient clinical outcome data. All five Zones include a focus on diabetes; other clinical goals include cardiovascular disease, hypertension, obesity, and asthma.

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HEZ Incentives



(1) Loan assistance repayment

- 25 slots were requested in year one; 6 practitioners have applied
- 4 practitioners are expected to utilize the assistance in year one

(2) Tax credits (income and hiring)

- Selected for use by four of the five of the Zones in year one
- Regulations are being submitted to AELR this month; eligible practitioners will be able to apply for the income credits this year
- 2014 legislation (potential) to expand eligibility for hiring tax credit for additional employers

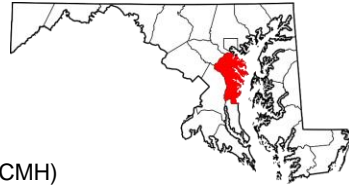
(3) Priority to enter the Multi-payor PCMH program

- One Zone, West Baltimore, is utilizing the Maryland Learning Collaborative to assist approximately 8-10 practices
- Full participation by Zones in the PCMH Program is prevented due to budgetary constraints (Medicaid)

(4) Grant funding from CHRC



MORRIS BLUM-ANNAPOLIS (Suburban)



Key Strategies:

- Establish a new patient-centered medical home (PCMH) embedded in Morris Blum, a public housing senior citizen facility that is home for 184 residents
- Create capacity to serve additional residents of Annapolis

Programmatic/Clinical Outcomes:

- Improved chronic disease management and patient health outcomes
- Decreases in 911 calls, emergency room visits, hospital admissions, and readmissions
- Focus on diabetes and smoking prevention

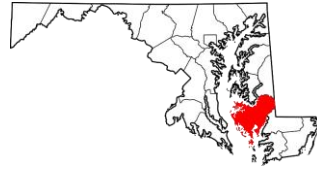


Accomplishments to date:

- Hired family practitioner physician and key staff for Morris Blum facility
- Opened facility and began providing services in mid-October



DORCHESTER-CAROLINE COUNTIES (RURAL)



Key Strategies:

- Build capacity by adding over 10 new practitioners in the Zone for year one
- Create a new mobile mental health crisis team for Dorchester and Caroline Counties

Programmatic/Clinical Outcomes:

- Decrease hospital ED utilization rates
- Focus on diabetes, hypertension, and adult/childhood obesity

Accomplishments to date:

- Expanded school-based health services at Maces Lane Middle School
- Launched new mobile mental health crisis team
- Developed "Patient Tracker" form; used by multiple providers at patient intake
- Began community health worker program

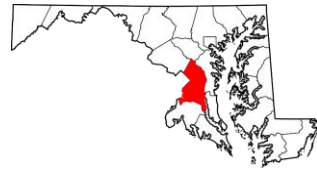


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PRINCE GEORGE'S COUNTY – CAPITOL HEIGHTS (SUBURBAN)



Key Strategies:

- Establish five new patient-centered medical homes (PCMHs) in zip code 20743
- Serve 10,000 residents over four years of program

Programmatic/Clinical Outcomes:

- Reduce preventative hospital emergency department visits for chronic conditions
- Generate sustainable expansion of the primary and community health workforce in the Zone
- Focus on diabetes, cardiovascular disease, and asthma



Accomplishments to date:

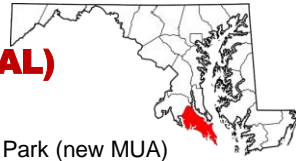
- Increased capacity at Greater Baden facility in Walker Mill by adding three physicians and one nurse practitioner
- Identified providers and specific locations for additional two PCMHs opening later this month

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MEDSTAR-ST. MARY'S HOSPITAL – GREATER LEXINGTON PARK (RURAL)



Key Strategies:

- Create a new community health care center in Lexington Park (new MUA)
- Develop a “health care transportation route”
- Provide access to mobile dental services

Programmatic/Clinical Outcomes:

- Reduce preventable hospital emergency department visits, admissions, and readmissions for chronic diseases
- Focus on diabetes, cardiovascular disease, asthma, and behavioral health



Accomplishments to date:

- Identified two private practitioners and behavioral health provider to participate in program (in addition to MedStar-St. Mary's)
- Completed physical retrofit of van; health care transportation route to begin next month (January 2014)
- To date, hired and deployed six community health workers throughout the Zone



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WEST BALTIMORE PRIMARY CARE ACCESS COLLABORATIVE (URBAN)



Key Strategies:

- Expand access to primary and preventative care
- Provide residents with scholarship opportunities; promote entry-level work force opportunities for residents
- Address “food deserts” in Zone and promote healthy lifestyle choices

Programmatic/Clinical Outcomes:

- Reduce emergency department visits related to cardiovascular disease
- Focus on diabetes, cardiovascular disease, obesity, and smoking prevention



Accomplishments to date:

- Hired 23 new practitioners (year one goal was 16)
- Awarded seven community development grants (approximately \$10,000 per award) to promote resident engagement, nutritional health education, and adoption of healthy lifestyles
- Launched fitness and exercise classes (available to residents at no cost)



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PERFORMANCE EVALUATION AND PUBLIC REPORTING



- Each Zone is required to submit quarterly progress reports to the CHRC as a condition of payment of public funds.
- Zones are required to develop annual performance goals, such as number of primary care providers hired or number of residents assisted by community health workers. Progress towards reaching these goals is tracked on a quarterly basis.
- The state has developed an “HEZ Dashboard” (next slide) to assess performance on key milestones and deliverables and overall progress towards key goals of each Zone.
- The Dashboards will facilitate public reporting, accountability of the Zones, and fiscal stewardship of public resources.

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HEZ DASHBOARD (EXAMPLE)

Health Enterprise Zone (HEZ) Dashboard

Zone: West Baltimore

Draft 2.9

Total Population of Zone: 137,823



Participating Partners

Baltimore Medical Center
Coppin State University
Total Health Care
Mosaic Community Services
Park West Health System
Saint Agnes Hospital
Sinai Hospital, Baltimore
Equity Matters
Bon Secours Baltimore Health System
University Maryland, Midtown Campus
Light Health and Wellness Comprehensive Services
National Council on Alcohol and Drug Dependence
People's Community Health Centers
University Maryland Baltimore
University Maryland Medical Center
The Honorable Verna Jones Rodwell

Hospital Utilization		Baseline 2012					Year One 2013	
		Q1	Q2	Q3	Q4	Year	Q1	Q2
West Baltimore	Admission Rate*	57.7	56.0	55.1	53.1	222.0	52.2	
	Readmission Rate	17.4%	17.8%	17.1%	13.8%	16.5%	13.5%	
Maryland	Admission Rate*	30.1	29.6	29.5	28.9	118.0	27.9	
	Readmission Rate	13.1%	13.1%	12.6%	10.0%	12.2%	10.0%	

*Rate per 1,000 residents.

**Maryland residents hospitalized out of state are not included.

Key Milestones and Activities	Year One	
	Apr-Jun	Jul-Sep
Increase access to new primary care services in community and provide training and scholarship opportunities for residents		
Recruit and place community health workers throughout zone		
Initiate community health outreach team		
Offer training and scholarship opportunities for Zone residents		
Increase access to community health resources and promote wellness activities		
Develop, initiate and promote fitness program for Zone residents		
Create healthy food options in the community		
Develop and implement chronic disease management program		
Increase community partnerships and expand coalition		
Award mini-grants for promotion of cardiovascular health and healthy living		
Promote Cultural Competency		
Provider training on cultural and linguistic competency		
Legend		
Completed		
On-Task		
Delayed		

Quantifiable Measures and Goals (totals are cumulative)	Year One Goals	Year One	
		Apr-Jun	Jul-Sep
# of new primary care providers hired	16	22	23
# of community health workers deployed	11	1	11
# of community resident scholarships utilized	10	0	7
# of new entry level health paraprofessionals hired	10	0	0
# new community health resources created	5	8	10
Annual Hospitalization rate for Cardiovascular Disease			
Annual Hospitalization rate for Hypertension			
Annual Hospitalization rate for Diabetes			

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CURRENT PHASE – MANAGEMENT & PERFORMANCE EVALUATION



- The DHMH Secretary leads an internal “HEZ Implementation Group” comprised of DHMH and CHRC staff and meets with this group on a monthly basis.
- CHRC and DHMH are providing “hands on” program management and administration with the five Zones.
- The state is providing technical assistance to each Zone in a range of areas, including:
 - Cultural competency training;
 - Clinical outcome data reporting and data collection;
 - Using CRISP data to target “hot spots” and identify areas of high need.
 - Workforce recruitment and retention; and
 - Ongoing program execution.

CURRENT PHASE – MANAGEMENT & PERFORMANCE EVALUATION



- The Maryland Health Improvement and Disparities Reduction Act requires CHRC and DHMH to conduct an overall evaluation of the program.
- The first annual report will be submitted to the Governor and Maryland General Assembly over the next few weeks and will include:
 - Number and types of incentives utilized in each Zone;
 - Impact of tax and loan repayment incentives in attracting practitioners to the Zone;
 - Impact of incentives offered in the Zone in reducing health disparities and improving health outcomes; and
 - Progress in reducing health care costs and hospital admissions and readmissions in the Zone.

CURRENT PHASE – MANAGEMENT & PERFORMANCE EVALUATION



- An independent/external evaluation of the program will also be performed. The state has developed the draft Scope of Work for the solicitation, and it is under internal review.
- This evaluation will assess the overall impact of the HEZ Initiative in terms of its three core policy objectives: (1) Reduce health disparities; (2) Expand access and improve health outcomes; and (3) Reduce health costs and hospital admissions and readmissions. The evaluation will also assess resident experience and participation in the Zones.
- Once approved by the Board of Public Works, the solicitation is expected to be released in the first quarter of 2014.